GRANT AGREEMENT FORM (GAF)

This form must be signed by the grant recipient or an appointee with *legal* authority to obligate the recipient. **Make a copy for your records. Return** this **ORANGE** copy to the arts council office **within 30 days** to initiate payment.

District Name:
Federal ID:
Address:
County:
City: State: KY Zip:
District Superintendent
Email/Telephone:
FY: 2014 APP#: Program: TRS Grant period: -
ri. 2014 Arri. Fiogram. 103 Grant period.
Program/Project Description: Bus subsidy to
School:
Contact Teacher:
KAC Grant Amount: \$
To to Grant / unbanter
Kentucky Arts Council Date
Lori Meadows, Executive Director
Separated for Douments DIFASE NOTE: Vol. will receive neurops within 20 working days of the dates listed below if your
Schedule for Payment: PLEASE NOTE: You will receive payment within 30 working days of the dates listed below if your signed GAF has been received by KAC.
Date Amount \$ Date Amount
IN ACCEPTING THE GRANT, THE GRANTEE AGREES TO THE FOLLOWING CONDITIONS:
1. Return this GAF, with authorized signature, within 30 days of KAC issuance or risk reallocation of your funding. PLEASE NOTE: KAC will not release funds for this grant if you have any outstanding Final Reports on previous awards or grants.
 Comply with all state and federal requirements, including:
Civil Rights Act of 1964
Americans with Disabilities Act
 Other federal and state compliance regulations For more complete information regarding your responsibilities and obligations, refer to the enclosed Assurance of
Compliance document.
3. Acknowledge KAC in all published materials and announcements (print and electronic) per instructions in the enclosed
award letter.4. Return a final report to KAC within 30 days of the conclusion of the grant period.
5. KAC may terminate this contract if funds are not available without incurring any obligation for payment.
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Authorized Signature: Date:

